MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

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## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

FED EX GROUND Defendant(s)

## 08CV4561 JUDGE LEINENWEBER MAG. JUDGE SCHENKIER

declare the cor	at full prepayment of fees, e that I am unable to pay t implaint/petition/motion/a ving questions under penal	he costs of these proceeding peal. In support of this p	ion for a <mark>ppo</mark> in ngs, and that I	tment of counsel, or <b>a</b> am entitled to the re	Sought in		
1.	Are you currently incard	Name of prison	<b>⊠</b> No or jail:	(If "No," go to Que			
	Do you receive any pays	ment from the institution?	□Yes □No	Monthly amount:			
2.	Are you currently employmently salary or wage Name and address of em	s:	ØNo				
	a. If the answer is Date of last emp Monthly salary	or wages: 7.50 kg.	<u>5</u>				
•	Name and addr	ess of last employer: Cla	9/E 5/4-6	1400 W	bubband		
• .	b. Are you marrie	d? □Yes	<b>125</b> No				
3.	Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.						
	a. Salary or wages	Received by		□Yes	ØNo		

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by		<b>Æ</b> No				
	c. □ Rent payments, □ interest or □ dividends AmountReceived by	□Yes	<b>/25</b> No				
	d. □ Pensions, □ social security, □ annuities, □ life insurance, □ disability, □ workers' compensation, □ unemployment, □ welfare, □ alimony or maintenance or □ child support □ Yes						
	AmountReceived by						
	e. □ Gifts or □ inheritances AmountReceived by	□Yes	M∕No				
	f.   Any other sources (state source:  Received by	□Yes	ÆNo				
	Do you or anyone else living at the same residence have more than a savings accounts?  One is a saving at the same residence have more than a saving accounts?  One is a saving at the same residence have more than a saving accounts?  One is a saving at the same residence have more than a saving accounts?  One is a saving at the same residence have more than a saving accounts?	\$200 in cash o	r checking o				
•	Do you or anyone else living at the same residence own any stocks financial instruments?  Property:  In whose name held:  Relationship to you:	□Yes	ØNo				
	Do you or anyone else living at the same residence own any real condominiums, cooperatives, two-flats, three-flats, etc.)?  Address of property:  Type of property:  In whose name held:  Amount of monthly mortgage or loan payments:  Name of person making payments:	□Yes	IZNo				
	Name of person making payments:  Do you or anyone else living at the same residence own any automol homes or other items of personal property with a current market value.  Property:	biles, boats, tr	ailers, mobile				
	Current value:  In whose name held:  Relationship to you:	•	<del> </del>				
	List the persons who are dependent on you for support, state your relaindicate how much you contribute monthly to their support. If none, c	tionship to eac	ch person and lo dependents				

I declare under penalty of perjury that the abov	e information is true and correct. I understand that pursuant
	ismiss this case at any time if the court determines that my
allegation of poverty is untrue.	^
A 10 A 4	10.11 1 0 .

Date:

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

## CERTIFICATE

(Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named herein,				, I.D.#, has the sum o		
\$	on acc	ount to his/h	er credit at	(name of institution)		
I further certif	fy that the a	applicant has	the follow	ing securities to his/her credit:	. I further	
certify that du	ring the pa	ast six months	the appli	cant's average monthly deposit was \$_		
( <u>Add</u> all depo	sits from a	ll sources and	then <u>divi</u>	de by number of months).		
8-12-	08					
DATI				SIGNATURE OF AUTHORIZED	OFFICER	
				(Print name)		

rev. 10/10/2007